PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

1009-US Attorn y Do ket Numb r **DECLARATION FOR UTILITY OR** WEST **First Named Inventor DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date Declaration Declaration OR Submitted after Initial Submitted **Art Unit** Filing (surcharge (37 CFR 1.16 (e)) with Initial

/	Filing	required)	Examiner Name										
As the below named inventor, I hereby declare that:													
My residence, mailing address, and citizenship are as stated below next to my name.													
I	I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
	THERAPEUTIC SPINAL	REST AND SUPP	ORT										
(Title of the Invention) the specification of which													
[	is attached hereto												
	OR F												
	was filed on (MM/DD/YYYY)		as United States	Application Number	or PCT International								
f	Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.													
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.													
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.													
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO								
			c.EV										
	Additional foreign application pur	mbers are listed on a supple	mental priority data sheet	PTO/SB/02B attach	red hereto:								

[Page 1 of 2]

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer No or Bar Code		OR 🗸 C				Corresponder	orrespondence address below					
MICHAEL A. GUTH												
Name												
2-2905 EAST CLIFF DRIVE  Address												
SANTA CRUZ	-	<del></del>	CA					95062				
City			State				ZIP	30002				
USA	831	1 462 8270			831 46	831 462 8273						
Country	Telept	none					Fax	·				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
NAME OF SOLE OR FIRST INVENTOR:												
Given Name RYAN F. (first and middle [if any])			Family Name or Surname									
Inventor's Signature	THE RESERVE					Date	11/12/2003 Date					
SANTA CRUZ		CA		US	A		US					
Residence: City	!	State		Count	try		Citizen	ship				
Mailing Address 690 35th Avenue												
SANTA CRUZ	1	CA			950	062	US					
City	!	State		ZIP			Country	<u></u>				
NAME OF SECOND INVENTOR:		A petition ha	s been	filed f	or thi	s uns	igned inven	tor				
Given Name (first and middle [if any])		Family Name or Surname										
Inventor's Signature				,,	· la		Date					
Residence: City	,	State		Count	try		Citizens	ship				
Mailing Address												
•				Γ			T					
City		State		ZIP			Country					
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.												